

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WAD988476263

STEWART FIBERGLASS REPAIRING INC

2105 196TH SW BLDG C LYNNWOOD

WA 98036

INSTALLATION ADDRESS

2105 196TH SW BLDG C LYNNWOOD

WA 98036

EPA Form 8700-12B (6-90)

u9/14/9U



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste, Permitt and other facilities must file with EPA; on all applications for a Federal Hazardous Waste, Permitt and other hazardous waste management reports and documents required under Subtide C of RCRA.

A COMPANY OF TO COMPANY OF THE COMPA

EPA Form 8700-12B (6-90)

GARLAGO.



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

REPAIRING INC
•
WA 98036
WA 98036

٦

INSTALLATION ADDRESS

EPA I.D. NUMBER

EPA Form 8700-12B (6-90)

08/31/90





WASHINGTON STATE **DEPARTMENT OF ECOLOGY**

Attn: DW Notifications M/S PV-11 Olympia, WA 98504-8711 (206) 459-6387

FORM 2

DE	PARTMENT	AL USE	ONLY	-	
	INIT.	DA	TE		•
REVIEW _				-	
LOG _			L'	V ali	101
G/WAC _					

OF DANGEROUS WASTE ACTIVITIES

4 MA FIRST NOTIFICATION		V V
1. A. FIRST NOTIFICATION (No previous application has been made for this site)	B. REV	ISED NOTIFICATION DATE
C. WITHDRAW SITE I.D. NO. DATE		CTIVATE SITE I.D. NO. (Complete all sections of the form.
E. CANCEL SITE I.D. NO. DATE	☐ F. EXIS	STING I.D. NO.
 (Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in 1F) 		plete for items C, D & E only) W A
2.A. WASHINGTON STATE DEPARTMENT OF 2	2.B. SIC COD	DE(S)
REVENUE REGISTRATION (TAX) NUMBER	PRIMARY	
6 0 1 - 2 3 9 - 8 4 7	3 7 3 CITE PONT 7	2 7 5 3 2
2.C. TYPE OF BUSINESS CONDUCTED AT THIS	SITE_BOAT_A	AND RV REPAIR
3. NAME OF INSTALLATION S T E W A R T F I B E R G L	L A S S	REPAIRING AND
4. LOCATION OF INSTALLATION		
Street		3
	B L D G	С
	32.1	
County Name s N O H O M I S H	1061	
City or Town		State ZIP Code
L Y N N W O O D		W A 9 8 0 3 6 —
5. INSTALLATION MAILING ADDRESS		
Street or P.O. Box		
S A M E		State ZIP Code
City or Town		State Zir Code
6.A. INSTALLATION CONTACT		
Name (last)	(fi	irst)
S T E W A R T	M	I K E
Job Title		Phone Number
Job Title O W N E R		
	SS (see instru	Phone Number 2 0 6 — 7 7 6 — 6 0 4 0
O W N E R	SS (see instru	Phone Number 2 0 6 — 7 7 6 — 6 0 4 0
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRES	SS (see instru	Phone Number 2 0 6 — 7 7 6 — 6 0 4 0
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRES	SS (see instru	Phone Number 2 0 6 — 7 7 6 — 6 0 4 0
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRESS Street or P.O. Box City or Town		Phone Number 2 0 6 — 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRES Street or P.O. Box City or Town 7.A. NAME OF INSTALLATION'S LEGAL OWNER		Phone Number 2 0 6 — 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRES Street or P.O. Box City or Town 7.A. NAME OF INSTALLATION'S LEGAL OWNER S T E W A R T M I K E		Phone Number 2 0 6 — 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRES Street or P.O. Box City or Town 7.A. NAME OF INSTALLATION'S LEGAL OWNER S T E W A R T M I K E Street, P.O. Box, or Route Number	R	Phone Number 2 0 6 — 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2 State ZIP Code
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRES Street or P.O. Box City or Town 7.A. NAME OF INSTALLATION'S LEGAL OWNER S T E W A R T M I K E Street, P.O. Box, or Route Number 2 1 0 5 1 9 6 T H S W		Phone Number 2 0 6 — 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2 State ZIP Code
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRESS Street or P.O. Box City or Town 7.A. NAME OF INSTALLATION'S LEGAL OWNER S T E W A R T M I K E Street, P.O. Box, or Route Number 2 1 0 5 1 9 6 T H S W City or Town	R	Phone Number 2 0 6 — 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2 State ZIP Code
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRESS Street or P.O. Box City or Town 7.A. NAME OF INSTALLATION'S LEGAL OWNER S T E W A R T M I K E Street, P.O. Box, or Route Number 2 1 0 5 1 9 6 T H S W	B L D G	Phone Number 2 0 6 — 7 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2 State ZIP Code C State ZIP Code W A 9 8 0 3 6 —
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRESS Street or P.O. Box City or Town 7.A. NAME OF INSTALLATION'S LEGAL OWNERS S T E W A R T M I K E Street, P.O. Box, or Route Number 2 1 0 5 1 9 6 T H S W City or Town L Y N N W O O D	B L D G	Phone Number 2 0 6 — 7 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2 State ZIP Code C State ZIP Code W A 9 8 0 3 6 — address in section11.)
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRESS Street or P.O. Box City or Town 7.A. NAME OF INSTALLATION'S LEGAL OWNERS S T E W A R T M I K E Street, P.O. Box, or Route Number 2 1 0 5 1 9 6 T H S W City or Town L Y N N W O O D 7.B. PROPERTY OWNERSHIP (If ownership is different to	B L D G	Phone Number 2 0 6 — 7 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2 State ZIP Code C State ZIP Code W A 9 8 0 3 6 —
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRESS Street or P.O. Box City or Town 7.A. NAME OF INSTALLATION'S LEGAL OWNERS S T E W A R T M I K E Street, P.O. Box, or Route Number 2 1 0 5 1 9 6 T H S W City or Town L Y N N W O O D 7.B. PROPERTY OWNERSHIP (If ownership is different to S Q U I R E S G E O R G E 7.C. OWNER TYP	B L D G	Phone Number 2 0 6 — 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2 State ZIP Code C State ZIP Code W A 9 8 0 3 6 — PROPERTY TYPE C S S V S A S A S A S A S A S A S A S A S
O W N E R 6.B. INSTALLATION CONTACT MAILING ADDRESS Street or P.O. Box City or Town 7.A. NAME OF INSTALLATION'S LEGAL OWNERS S T E W A R T M I K E Street, P.O. Box, or Route Number 2 1 0 5 1 9 6 T H S W City or Town L Y N N W O O D 7.B. PROPERTY OWNERSHIP (If ownership is different to S Q U I R E S G E O R G E	B L D G	Phone Number 2 0 6 — 7 7 6 — 6 0 4 0 uctions) BOX 1 X BOX 2 State ZIP Code C State ZIP Code W A 9 8 0 3 6 — address in section11.) PROPERTY TYPE S S IVE

NAME OF INSTALLATIONSTEWART_FIBERGLASS_REPAIRING,	INC. EPA I.D. NO.	
(Same as item No. 3) dba OLLIE'S	LIC. LIA I.D. NO.	
8. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES Y instructions for this section carefully—Enter an "X" in any sec	OUR BUSINESS IS Cotions of 8.A., 8.B., or	ONDUCTING (Read & follow 8.C. below that may apply).
8.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definition	ons of these activities) . `
1. GENERATOR 🗆 1a. Conduct on-site recycling		
2. TRANSPORTER 2a. ☐ Transport Wastes Commercially 2b. Modes of Transport: (1) ☐ Highway	(for hire). (2) □ Air (3) □ R	ail (4) Water (5) Other
3. MANAGEMENT FACILITY (TSD) 3a.	d or available at this t (2) □ Storage (>90 ify in comments). _//	ΓE Generators.
5. PERMIT-BY-RULE FACILITY		
6. MARKET OR-BURN-DANGEROUS WASTE FUELS 68. D	Generator Marketing to	Burner 6b. U Other Marketer
_		TYPE OF COMBUSTION DEVICE)
8.B. USED-OIL FUEL ACTIVITIES.	•	· · · · · · · · · · · · · · · · · · ·
1 OFF SPECIFICATION WATER ON THE S.	. 	_
1. OFF-SPECIFICATION USED-OIL FUELS-1a. Generator Marketing 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER)		
8.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUE	L BURNING: TYPE O	F COMBUSTION DEVICE.
(see instructions for definitions of combustion devices) 1. □ Utility Boiler	2. 🗆 Industrial Boiler 3. 🗀	Industrial Furnace.
9. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streets)	ms—other information (section	s 8 and 10-12) not needed on continuation
A. _N B.	C. DANGEROUS	D. w E.
DESCRIPTION OF WASTE(S)	WASTE NUMBER (Refer to WAC 173-303)	ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY H E T
LACQUER THINNER CONTAMINATED W/PAINT AND	DIO 10 11 F10 10 13	
1 CONTAINING: n-BUTYL ALCOHOL, MEK, MIBK, CYCLOHEXANONE, XYLENE, METHYLENE CHLORIDE	P 0 0 1 F 0 0 3 F 0 0 2 F 0 0 5	1 6 4 0 P
	┞╀╃╏╏╏	
10. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to ing batch. In 10.D. indicate maximum to be accumulated on-site	be produced in any prior to shipment.	given month or per process-
10.A. (Batch Frequency 4/YR)	10.B. PER MO	NTH OUANTITY WEIGHT
10.C. ONE-TIME-ONLY WEIGHT 10.D. AMOU ON-SIT		QUANTITY WEIGHT
11. COMMENTS	NT TO BE ACCUMULA E PRIOR TO SHIPMEI	NT CODE
	TO BE ACCUMULA E PRIOR TO SHIPMEI	NT CODE
3. dba OLLIE's	TO BE ACCUMULA	NT CODE
	TO BE ACCUMULA	NT CODE
	TO BE ACCUMULA	NT CODE
	TO BE ACCUMULA E PRIOR TO SHIPMEI	NT COOR
	TO BE ACCUMULA	NT CODE
	TO BE ACCUMULA E PRIOR TO SHIPMEI	NT CODE
	TO BE ACCUMULA E PRIOR TO SHIPMEI	NT COOR
12. CERTIFICATION I certify under penalty of law that I have personally examined and am familia documents, and that based on my inquiry of those individuals immediately resubmitted information is true, accurate, and complete, I am aware that there	r with the information subspaces the	omitted in this and all attached
12. CERTIFICATION I certify under penalty of law that I have personally examined and am familia documents, and that based on my inquiry of those individuals immediately resubmitted information is true, accurate, and complete. I am aware that there including the possibility of fine and imprisonment.	r with the information subspaces the	omitted in this and all attached

envirotech systems, inc.

Hazardous Waste Management and Disposal

August 15, 1990

Kelly Richter USEPA Region 10 Hazardous Waste Notifications 1200 Sixth Avenue Seattle, WA 98101

Dear Ms. Richter:

Enclosed please find a copy of a completed Form 2 that Envirotech Systems is assisting a client with filing. The original copy of this form has been mailed to Dangerous Waste Notification, Washington State Department of Ecology in Olympia.

As soon as you are able to assign an ID number, I would appreciate hearing from you.

Thank you for your assistance.

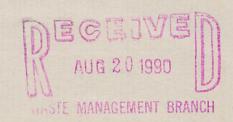
Best regards,

campbee flys Larry Campbell

Operations Manager

LC/1go Enc.

DW Notifications Washington State Dept of Ecology M/S PV-11 Olympia, WA 98504-8711



U.S. ENVIRONMENTAL PROTECTION AGENCY

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

THIS IS TO ACKNOWLEDGE THAT YOU HAVE FILED A NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FOR THE INSTALLATION LOCATED AT THE ADDRESS SHOWN BELOW TO COMPLY WITH SECTION 3010 OF THE RESOURCE CONSERVATION AND RECOVERY ACT (RCRA). YOUR EPA IDENTIFICATION NUMBER MUST BE INCLUDED ON ALL SHIPPING MANIFESTS FOR TRANS—PORTING HAZARDOUS WASTES; ON ALL ANNUAL REPORTS THAT GENERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES MUST FILE WITH THE EPA; ON ALL APPLICATIONS FOR A FEDERAL HAZARDOUS WASTE PERMIT; AND ON ALL OTHER HAZARDOUS WASTE MANAGEMENT REPORTS AND DOCUMENTS REQUIRED UNDER SUBTITLE C OF RCRA.

EPA I.D. NUMBER ==> WAD988476263

MAILING ADDRESS ==> STEWART FIBERGLASS REPAIRING INC 19510 21ST AVE W BLDG C LYNNWOOD WA 98036

INSTALLATION ADDRESS ==> 19510 21ST AVE W BLDG C LYNNWOOD WA 98036

03/20/92



WASHINGTON STATE DEPARTMENT OF ECOLOGY

Attn: DW Notifications M/S PV-11 Olympia, WA 98504-8711 (206) 459-6387

FORM 2

DEPARTMENTAL USE ONLY WA FEB 2 5 1992 90 3/2/92 92 REVIEW X NRO

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

ACTURATION OF THE PROPERTY OF	
1. A. FIRST NOTIFICATION (No previous application has been made for this site)	B. REVISED NOTIFICATION DATE 2 19, 97 (Enter existing site I.D. No. in Part 1F. List sections you revised:
C. WITHDRAW SITE I.D. NO. DATE	D.REACTIVATE SITE I.D. NO. (Complete all sections of the for
(Complete Sections 1F, 2-8 & 13. Enter existing I.D. No. in Part 1F) E. CANCEL SITE I.D. NO. DATE	Enter previously assigned I.D. No. in Part 1F.) F. EXISTING I.D. NO.
(Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2-8 & 13. Enter existing I.D. No. in 1F)	(Complete for items 1B, C, D & E only) WAD98847626
2.A. WASHINGTON STATE DEPARTMENT OF	2 B SIC CODE(S)
REVENUE REGISTRATION (TAX) NUMBER	2.B. SIC CODE(S) PRIMARY SECONDARY OTHER
6 0 1 - 2 3 9 - 8 4 7	3 7 3 2
2.C. TYPE OF BUSINESS CONDUCTED AT THIS	S SITE_BOAT & RV REPAIR
3. NAME OF INSTALLATION	The course to the control of the con
STEWART SFIBE	RGLASS REPAIRING
4. LOCATION OF INSTALLATION	
Street	A THE RESIDENCE OF THE PARTY OF
1 9 5 1 0 2 1 S T A V E	W E S T B L D G C
County Name	Vak
County Name S N O H O M I S H	7001
City or Town	State ZIP Code
L Y N N W O O D	W A 9 8 0 3 6 —
5. INSTALLATION MAILING ADDRESS	
Street or P.O. Box	
1 9 5 1 0 2 1 S T A V E	W E S T B L D G C
City or Town	State ZIP Code
6.A. INSTALLATION CONTACT	W A 9 8 0 3 6 —
N- 4-1	
Name (last) S T E W A R T	
Job Title MAR 0 9 1992	Phone Number
PRESIDENT	
6.B. INSTALLATION CONTACT MAILING ADDRES	2 0 6 7 7 7 6 6 0 4 0 SS (see instructions) BOX 1 X BOX 2
Street or P.O. Box	SS (see instructions) BOX 1 x BOX 2
Officer of 1.0. Box	
City or Town	State ZIP Code
	State Zir Code
7.A. NAME OF INSTALLATION'S LEGAL OWNER	
MIKE STEWART	
Street, P.O. Box, or Route Number	ALL LYWING CONTROL OF THE PROPERTY OF THE PROP
1 9 5 1 0 2 1 S T A V E	WEST. BLDG C
City or Town	State ZIP Code
L Y N N W O O D	W A 9 8 0 3 6 -
7.B. PROPERTY OWNERSHIP (Provide address in section	on 12 if different than 7A.)
G E O R G E S Q U I R E S	
7.C. OWNER TYP	E 7.D. PROPERTY TYPE
P	P R3/17/92 W
	Kaji iji izv

8.A. NAME	OF INSTALLATION STEWART'S FIBER	GLASS REPAIRI	NG, ING.B. EPA I.D.	NO
9. TYPE	ES OF REGULATED DANGEROUS WAST uctions for this section carefully—Enter a	E ACTIVITIES YO	OUR BUSINESS IS Cotions of 9.A., 9.B., or	ONDUCTING (Read & follow 9.C. below that may apply).
9.A. 442	ARROWS WASTE ACTIVITIES (See instruc	tions for definition	ns of these activities)	i.
X 1.	GENERATOR 1 1a. Conduct on-site re	ecycling		
☐ 2. —	TRANSPORTER 2a. Transport Waste 2b. Modes of Transport	es Commercially (: (1)	for hire). (2) 🗌 Air (3) 🗌 Ra	ail (4) Water (5) Other
	(1) (4) 3c. Cu	ocess conducted) Treatment (or available at this f (2) Storage (3) Sify in comments).	acility;
	PERMIT-BY-RULE FACILITY			
	MARKET OR BURN DANGEROUS WASTE	F FUELS— 6a 🗆	Generator Marketing to	Burner 6h 🗆 Other Marketer
0.		_		COMBUSTION DEVICE)
9.B. USEI	D-OIL FUEL ACTIVITIES.	oc	WII CE I E 30. — I I I E 01	COMBOUTION DEVICE,
	OFF-SPECIFICATION USED-OIL FUELS-1a. G			
□ 2.	SPECIFICATION USED-OIL FUEL MARKETER (or	ON-SITE BURNER)	WHO FIRST CLAIMS THE	OIL MEETS THE SPECIFICATION.
	page of shared			
9.C. DAN	GÉROUS WASTE OR OFF-SPECIFICATION	N USED-OIL FUEL	BURNING: TYPE OF	F COMBUSTION DEVICE.
(see	e instructions for definitions of combustion devices)	1. Utility Boiler 2	2. ☐ Industrial Boiler 3. ☐	Industrial Furnace.
10 144.6	TE IDENTIFICATION (C			
sheets		nore than 5 waste stream	ms—other information (section	s 9 and 11-13) not needed on continuation
A. N L U		!	С.	D. W E. ESTIMATED E C
I M N B E E R	DESCRIPTION OF WASTE(S)		DANGEROUS WASTE NUMBER	OR ACTUAL ANNUAL GD WASTE QUANTITY
		•		
11. Compl	ete a, b, or c; AND d below.			
	3.5 a, a, a, a, a, a, a a a a a a a a a a			
11.A. 🗌	(Batch Frequency)	QUANTITY WEIGHT	11.B. PER MO	OUANTITY WEIGHT
11.C. 🗌	ONE-TIME-ONLY QUANTITY WEIGHT		NT TO BE ACCUMULA E PRIOR TO SHIPMEI	
12. COM	MENTS 2 2105 1965	Sw Blid	ige lynn	98036 hoom
3.	dba_OLLIE'S			
7.B.	19510 21ST AVE WEST, BLDG A			
(LYNNWOOD, WA 98036	-		24, 442, 04 1
FORM	1 2 REVISION IS DUE TO COUNTY RE	ADRESSING	address :	- None
			only.	
13. CER	TIFICATION			
I certify un	der penalty of law that I have personally exami	ined and am familiai	r with the information su	bmitted in this and all attached
aocuments submitted (s, and that based on my inquiry of those individu information is two, security, and complete. I am	als immediatelv res	sponsible for obtaining th	e information. I halieve that the
SIGNATURE	ne.possibility of fine and imprisonment.			
	Γ	MAME AND OFFICE	L TITLE (type or print)	DATE SIGNED

ECL 2B - 1518-